| IH-Exem (1998) SF# 48831 | |
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| STATE OF INDIANA |))SS: |
| COUNTY OF |) |

AFFIDAVIT OF INHERITANCE TAX EXEMPTIONS

| Re: | | | |
|----------------------|---|--|---------|
| | | Deceased | |
| | Social Security No.: _ | | |
| | | _, being duly sworn upon oath, states: | |
| 1. [| Decedent: | | |
| = | Name: ———————————————————————————————————— | | |
| died □to Indiana. | estate ☐ intestate on,, a res | | County, |
| 2. A | Affiant: | | |
| = | am familiar with the facts set out in this affidavit as the ationship) of the decedent or decedent's estate. | | |
| 3. E | Estate: | | |
| _ 1 | There is no estate pending by reason of decedent's dea | ath. | |
| | Decedent's estate was opened onunder Cause Number | | Court |
| 4. E | Exemption from Inheritance Tax: | | |
| | Decedent's gross estate, consisting of all property subjection in the decedent's property: | ect to Indiana Inheritance Tax, including, | |
| p n ti | neld jointly with others surviving; transferred or payable proceeds payable upon decedent's death not exempt uments taxable under Regulation 45 I.A.C. 4.1-3-4; trus ransferred to others upon decedent's death; and/or pralone | inder I.C. 6-4.1-3-6; annuity pay- t property held for decedent and | |

did not exceed the exemptions provided by:

I.C. 6-4.1-3-1 charities; I.C. 6-4.1-3-1.5 cemetery associations; I.C. 6-4.1-3-7 surviving spouse; I.C. 6-4.1-3-10 children, parents and other Class A Transferees (\$100,000 each); I.C. 6-4.1-3-11 Class B Transferees (\$500 each); and/or I.C. 6-4.1-3-12 Class C Transferees (\$100 each).

Therefore, no inheritance tax is due or owing by reason of decedent's death.

5. Reliance:

I make this affidavit to induce reliance upon the facts stated herein by: County Assessor Indiana Department of Revenue Internal Revenue Service a court administering the decedent's estate heirs beneficiaries and transferees of decedent's property creditors others, specify______. Dated: _____ Signature: Printed: Address: STATE OF INDIANA)SS: COUNTY OF_____ Before me, a Notary Public in and for said County and State, personally appeared ____ __, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true. WITNESS my hand and Notarial Seal this _____day of _____, ____. (Signature) (Printed) Notary Public County of Residence: My commission expires: